

# INSIGHTS IN PUBLIC HEALTH

## Formative Factors for a Statewide Tobacco Control Advocacy Infrastructure: Insights from Hawai‘i

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### Abstract

*Hawai‘i has comprehensive statewide tobacco control policies and was the first US state to raise the minimum age of sale, purchase, and possession of tobacco products to age 21 (“Tobacco 21”) in a policy including not just cigarettes, but also electronic smoking devices and other tobacco products. This insights article provides strategic thinking about tobacco control advocacy planning. Specifically, we identify formative factors critical to building and sustaining our cross-sector, statewide advocacy infrastructure that has been able to address many ongoing challenges of tobacco-use prevention and control over time. This can provide new insights for other large-scale tobacco-control advocacy efforts.*

Hawai‘i was the first US state to raise the minimum age of sale, purchase, and possession of tobacco products to age 21 (“Tobacco 21”).<sup>1</sup> As a relatively small state of 1.4 million residents and geographically remote from the mainland US, Hawai‘i has consistently passed innovative legislation to regulate and limit tobacco use across the last two decades for an estimated total savings of \$1 billion in health care costs to the state.<sup>2</sup> Hawai‘i’s Tobacco 21 policy crucially included not just cigarettes, but also electronic smoking devices and other tobacco products.<sup>3-4</sup> Hawai‘i also banned the sale of electronic smoking devices to minors (2013) and later added electronic smoking devices to all clean indoor air laws (2015).<sup>4</sup> By 2017, all four major counties had banned smoking in vehicles with children. Public school campuses from kindergarten to higher education are now smoke free.<sup>4</sup>

Hawai‘i has set ambitious policy goals that other locations have followed.<sup>5-7</sup> For instance, California followed closely with passage of its own Tobacco 21 law; three other states have since followed. Hawai‘i also initiated innovative partnerships, including collaborating with the Department of Defense, which aligned with Tobacco 21 to ban sales and possession on Hawai‘i military bases and commissaries.<sup>8</sup> Hawai‘i’s policies are consistent with both the Centers for Disease Control and Prevention (CDC)’s Best Practices for Tobacco Control Programs and the World Health Organization Framework Convention on Tobacco Control, a treaty the United States has signed but not ratified.<sup>9-10</sup>

In this Insights article, we provide strategic thinking about tobacco control advocacy planning from a small state with a strong infrastructure and large impact. Specifically, we identify the formative factors that were critical to building and sustaining our cross-sector, statewide advocacy infrastructure that has been able to address ongoing challenges of tobacco-use prevention and control over time. Factors were identified from a targeted review of relevant documents (academic, policy, media, and grey literature) and interviews with key informants (N=10), including Hawai‘i public health officials, academics, and community advocates in 2017-2018.

### Foundational Factors

Critical to the success of Hawai‘i’s tobacco control advocacy infrastructure were early strategic choices in building coalitions and state programs towards tobacco control supported by dedicated funding. Also important were ensuring access to cessation options and information, considering a long-term time horizon, leveraging best practice guidelines and networks, and developing robust state-wide surveillance and tobacco compliance/enforcement infrastructure. These efforts have contributed to comprehensive tobacco control policies as well as social norm change. We provide highlights from each of these foundational factors as advice to other locations considering large scale advocacy efforts.

### Build and Sustain Coalitions

Hawai‘i started formally building statewide tobacco control coalitions in the 1990s. These included the Interagency Council on Smoking and Health, which was formed by public and private partners (eg, American Cancer Society, American Heart Association, American Lung Association, the Hawai‘i Department of Health (DOH)) and had a specific goal of policy change. Coalition building was strongly supported by federal funds, including programmatic CDC/National Tobacco Control Program grants. A Robert Wood Johnson Foundation “Smoke-

less States” grant generated the creation of the Coalition for Tobacco-Free Hawai‘i (CTFH). This statewide entity remains active today and comprises more than 2,500 varied organizations with flexibility to include new partners. For instance, CTFH worked with environmentalist groups to pass legislation for smoke-free beaches and parks. Community Coalitions within CTFH were organized to be representative of their island populations, providing an opportunity to include and leverage diverse voices and innovations from smaller communities. Programmatic activities continue to be supported by CDC/ National Tobacco Control Program funding.

Another powerful effort that arose during the 1990s was a youth-led advocacy group called “REAL,” which was formed in the University of Hawai‘i Cancer Center to organize and promote involvement of youth around tobacco issues and was supported by the American Legacy Foundation and later by the Hawai‘i Tobacco Prevention and Control Trust Fund. This effort has evolved into the Youth Council for CTFH, which continues to be an active platform for youth engagement and advocacy for stronger tobacco regulation.

### **Dedicate Funding to Prevention and Cessation**

In 1999, the Hawai‘i state legislature passed Act 304 and created the Hawai‘i Tobacco Settlement Special Fund (TSSF) for the state’s share of the Master Settlement Agreement (MSA), which required cigarette manufacturers to pay a multi-billion settlement and set new restrictions on the sale and marketing of cigarettes.<sup>11-12</sup> Initially, the new state law, section 328L-2, Hawai‘i Revised Statutes, included distributing from the TSSF, 25% of the state’s annual MSA payments into the Hawai‘i Tobacco Prevention and Control Trust Fund.<sup>12</sup> Funding levels for the dedicated Hawai‘i Tobacco Prevention and Control Trust Fund have fluctuated over the years, and are at 12.5% of the state’s distribution of the annual MSA payment.<sup>13</sup> An important, often unseen, role of tobacco control advocates is the considerable lobbying efforts to preserve such dedicated funds.<sup>14</sup> US states typically spend little of their tobacco revenue on prevention and cessation programs, and no state currently funds tobacco prevention at the CDC-recommended level. In 2018, Hawai‘i was ranked 5th of 50 states for the amount allocated to tobacco prevention, allocating \$6.6 million, which is 48.1% of the CDC-recommended spending.<sup>9,15</sup> While substantial, this amount is small compared to tobacco industry promotional budgets.

### **Ensure Access to Prevention and Cessation Programs**

MSA-dedicated monies continue to support the Hawai‘i Tobacco Quitline, local cessation providers, and youth prevention efforts. These include a granting program for community-based cessation services specifically designed to reach subpopulations that smoke at higher rates. When new policies encourage people to quit smoking, the quitline and trained tobacco cessation specialists offer options to help individuals meet those demands. Unlike many other US states, Hawai‘i has widespread insurance coverage for its residents (92.5% of adults 18 years or older are covered)<sup>16</sup> with most plans providing some tobacco cessation

coverage; thus, options are generally available for individuals to seek this treatment.

### **Create and Support a Long-Term Vision**

The MSA allocation was guided by a formal concept-mapping process to plan for comprehensive statewide health improvements that engaged local stakeholders and national experts and was hosted by DOH.<sup>17</sup> This resulted in the Healthy Hawai‘i Initiative (HHI), funded by the TSSF, which used a social ecological approach to promoting healthy communities and focused on policy and system-level changes. HHI is now maintained within the Chronic Disease Prevention and Health Promotion Division of the DOH.<sup>18</sup>

In another example, tobacco tax reform has been successful, but was iterative, requiring sequential policies achieving slow tax increases (see Table) over many years. Currently, the Hawai‘i state cigarette excise tax is the fifth highest nationally.<sup>19</sup> Of note, Hawai‘i tobacco control efforts receive no tobacco tax revenue.

### **Use Models of Best Practices, Networks, and Expertise**

State-level work has aligned with national and international efforts, including opportunities for education/training, adoption of best practices, and networks. These are used for knowledge sharing, comparing notes, developing policy language, and strategic planning, including a shared national strategy exposing the predatory practices of the tobacco industry. Nationally and internationally gathered evidence, such as reports from US Surgeons General, are often employed as reliable, comprehensive data to support policy planning and action.

### **Support Local Surveillance Data Systems**

Local data also provide critical context. Legislators often specifically request local data and rely on it for decision-making. Hawaii’s strong tobacco surveillance has highlighted gaps, priority populations, and trends. For example, the emerging trend in 2017 that 25.5% and 15.1% of public high and middle school students, respectively, reported currently using electronic smoking devices was widely cited to provide public health rationale for decisive policy action, despite uncertain evidence around the long-term effects of these products.<sup>25</sup> Hawai‘i policy makers based their decisions on the precautionary principle to protect young people given the evidence at hand of the rapid adoption of electronic smoking devices and established risk of nicotine to young people.<sup>20</sup>

### **Change Social Norms**

In October 2017, following two other Hawai‘i counties, the Honolulu City Council unanimously approved a measure making it illegal to smoke in a vehicle with a minor present.<sup>21</sup> Opponents argued that it was “an unnecessary intrusion into people’s personal lives.”<sup>21</sup> The fact that a personal autonomy argument was not persuasive enough to receive even one “no” vote provides clear evidence of social norm change in the state. Currently, all four major counties in Hawai‘i prohibit smoking

in vehicles when children are present. As with other recent policies, these bills applied to both cigarettes and electronic smoking devices.

Decades of social norm changes have, in turn, galvanized additional legislative support that continues in a progressive direction. These efforts have created legislative champions willing to author innovative bills and comprehensive policies. The media have been supportive, accurately reporting that tobacco use is a threat to the environment and that tobacco-control policies protect Hawaii's *keiki* (children).

## Achievements and Challenges

Hawai'i has achieved comprehensive statewide tobacco control and vanguard policy achievements. (See Table for key policies by focal area.) Successful policies have addressed taxes, legal age limits, involuntary smoke exposure, and environmental safety. Along with cost savings, Hawai'i has seen positive health outcomes from these efforts. Smoking prevalence among public high school students dropped by 72% over two decades, from 29.2% (1997) to 8.1% (2017).<sup>2</sup> Hawai'i has the third lowest adult smoking rate in the United States and is considered the second healthiest state in the nation with the longest lived population.<sup>2,22</sup> Deaths due to heart disease decreased by 34%, stroke by 44%, and lung cancer by 10%, from 2000-2002 to 2012-2014.<sup>2</sup> This is attributed, in part, to strong tobacco control and access to healthcare.

Challenges remain. Hawai'i must do more to assist priority populations to avoid or overcome nicotine addiction, including Native Hawaiians and lesbian, gay, and bisexual youth.<sup>23</sup> Use of electronic smoking devices continues to rise, particularly among teens. New nicotine delivery systems are constantly emerging and electronic smoking devices remain unregulated in the state (eg, no license or permit required, no product tax, and on-line sales widespread). An electronic smoking device tax has been debated by the legislature for several years without successful passage.

The 2018 legislative session highlights continued challenges and the importance of remaining vigilant to tobacco industry tactics. Many case studies have shown that the tobacco industry lobbies regularly against increases in tobacco tax, but even advocates in Hawai'i were surprised by the outcome of the 2018 session that resulted in a bill that preempted counties from having or passing tobacco sales legislation.<sup>24-26</sup> Attempts to legally ban the internet sales and shipping and handling of electronic smoking devices except to retailers and distributors was also overturned. The Hawai'i Youth Tobacco Survey indicates friends are the leading sales source for these products.<sup>27</sup> With passage of Tobacco 21 and the changing tobacco landscape, there is a need to rethink enforcement protocols and sampling methodology for compliance/enforcement to ensure compliance of retailers selling not just combustible products but also electronic cigarettes, the liquid mixtures that are used in electronic cigarettes (sometimes called e-juice), and other emerging products.

## Considerations

Hawai'i has unique contextual factors that may impact the relevance of these lessons for other communities. Hawai'i is a consumer protection-oriented and health conscious state. With a consistently one-party government, Hawai'i legislators can often focus less on partisan politics and more on data-driven policy. Hawai'i is also a small state with ready access to policymakers. This builds long-term relationships, nontraditional partnerships, even friendships, fostering engagement and willingness to collaborate and sometimes compromise to achieve important tobacco control policy goals.

## Conclusions

While disproportionately out-funded, the enduring commitment of the cross-sectorial network, and deliberately-established shared goals, has allowed Hawai'i to be responsive to the tobacco industry's evolving products and marketing strategies. Hawai'i has many successes built upon decades of coalition building towards comprehensive tobacco control. Continuing restrictions have shifted social norms and broadened the assumed purview of government in restricting tobacco and have also allowed for a number of innovative policy successes, but have not precluded all challenges. The control of electronic smoking devices in particular demands strong advocacy and knowledge-sharing within and across communities, states, and nations given the pace of technological developments, the appeal of the numerous varieties of flavored e-liquids, and shifting nomenclature (from e-cigarettes to electronic smoking devices to vaping products).<sup>3</sup>

Comprehensive statewide tobacco control programs and larger financial investment in comprehensive tobacco control programs are well known to be effective.<sup>9,28</sup> This work provides new insights into how to build and sustain effective, cross-sector programs that are critical to addressing emerging issues and maintaining existing gains.<sup>28-29</sup> Observations from Hawai'i also corroborate recent research around factors in successful smoke-free policies in the European Union, including engaging across different types of organizations, the importance of personal interaction, long-term collaboration and trust, and the need for information sharing across varied levels of governance.<sup>29</sup> Findings from this small state can inform and inspire advocacy efforts elsewhere.

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Table 1. Key Tobacco Control Policies by Focal Domain in Hawai'i			
Focal Area	Date	Policy	Level of Passage (state, county)
Restricting Access	1987	Raised the legal age to buy tobacco products from 15 to 18 years	state
	2013	Eliminated self-service displays for all tobacco products.	state
	2014	Hawai'i County prohibits the sale of tobacco products to anyone under the age of 21 years	county
	2015	Prohibit the consumption, possession, and sale of tobacco products to persons under the age of 21 years.	state
Fines	1998	Fines and penalties increased for the illegal sale of tobacco products to minors. The fine was set at a minimum of \$500 for the first offense, and up to \$2000 for subsequent offenses.	state
	2005	All tobacco retailers in Hawai'i are required to obtain a retail tobacco permit issued by the Department of Taxation. This also provided that permit holders are subject to inspection, investigation, and penalties by the Department of the Attorney General	state
Smoke Free/Environmental Controls	1993	Smoking became prohibited in licensed childcare facilities during hours of operation	state
	1993	"Tobacco-Free School System Policy" which prohibits smoking by any person on all campuses, at school-sponsored activities, in school vehicles, and administrative offices.	state
	1999	Building off of previous county efforts, a statewide policy passed prohibiting the distribution of sample tobacco products on or in any public street, sidewalk, or park, or within 1000 feet of any school attended by minors. Additionally, it prohibits the distribution of tobacco promotional materials within 1,000 feet of any school attended by minors.	state
	2002	Maui, Kaua'i, and Honolulu Counties prohibit smoking in restaurants and some bars	county
	2003	Hawai'i County prohibits smoking in any restaurant	county
	2004	Prohibited smoking at any public school function.	state
	2006	Hawai'i's Clean Indoor Air Act, also known as the "Smoke-Free Workplaces Law," passed in 2006 and prohibited smoking in enclosed and partly enclosed areas statewide, expanding on county efforts.	state
	2008	Hawai'i County bans smoking at all County beaches, parks, and recreational facilities	county
	2010	Hawai'i County bans smoking in any vehicle with children less than 18 years of age	county
	2012	Honolulu County bans smoking at City and County parks and beaches, and bus stops	county
	2013	Banned the sale of electronic smoking devices to minors (18 years at the time)	state
	2014	Banned smoking at any state public housing project or state low income housing project	state
	2014	Maui County bans smoking at county beaches, parks, and recreational facilities	county
	2015	Made state parks and beaches smoke-free	state
	2015	Added e-cigarettes to all smoking prohibitions	state
	2017	Kaua'i County prohibits smoking in vehicles with children under 13 years of age	county
	2017	Honolulu County prohibits smoking in vehicles with children under 18 years of age	county
	2018	Maui County prohibits smoking in vehicles with children under 18 years of age	county
Cigarette Taxes	2002	Changed from \$1.00 to \$1.20 (for a pack of 20)	state
	2003	Changed from \$1.20 to \$1.30	state
	2004	Changed from \$1.30 to \$1.40	state
	2006	Changed from \$1.40 to \$1.60	state
	2007	Changed from \$1.60 to \$1.80	state
	2008	Changed from \$1.80 to \$2.00	state
	2009	Changed from \$2.00 to \$2.60	state
	2010	Changed from \$2.60 to \$3.00	state
	2011	Changed from \$3.00 to \$3.20	state

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